FEIIIC	IN FOR EXTENSION O	Docket Number (Optional) In re Application of Torben DALGAARD et al.			
		Application Number 10/502,325			Filed 05-20-200
		For A BLOOD PRESSURE MEASURING DEVICE WITH A CUFF OF TWO OPENABLE CONCAVE SHELL PARTS			
		Group Art Unit 3735		Examiner P	atricia C. Mallari
	equest under the provision of the provis	application.		period for	
The reques	sted extension and approp te period desired):	oriate entity fee are as fol	llows		
×	One month (37 CFR 1.	17(a)(1)) - (\$60/\$120)			\$120.00
☐ Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)					\$ <u>120.00</u>
☐ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)					\$
	Four months (37 CFR 1	.17(a)(4)) - (\$795/\$1590))		\$
☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)					Φ
☐ Applica	ant claims small entity sta	atus.	·,		Φ
	k to cover the fee is enclo				
	nt by credit card. Form P				
The Co	mmissioner has already betion to a Deposit Account	een authorized to charge	e fees in thi	s	
	mmissioner is hereby aut rpayment, to Deposit Acc e copy of this sheet.	horized to charge any fee count Number <u>50-2478(</u>	es which m 742114-9)	ay be require I have encl	ed, or credit losed a
WARNIN	G: Information on this form ma edit card information and autho	y become public. Credit card in rization on PTO-2038.	iformation sho	uld not be inclu	ded on this form.
am the 🗆	applicant/inventor				
	assignee of record of the Statement under 37 C	entire interest. See 37 C CFR 3.73(b) is enclosed.	FR 3.71. (Form PT)	D/SB/96)	
× ;	attorney or agent of recor	d.	(=	2/3 D /20).	
	attorney or agent under 3' Registration number	7 CFR 1.34(a).	.34(a)	•	
	Signature	$V_{}$	July 25, 20	007	
	David S. Safr	nn		Date	
	Typed or printed name	2	703-584-3	273 phone Numl	f
ΓE: Signatures us if more than	s of all the inventors or assignees o one signature is required, see belo	formand of the state of	eir representati	ve(s) are required	L. Submit multiple